



Finance Division
City of Rancho Mirage
69-825 Highway 111
Rancho Mirage, CA 92270
Tel: 760-770-3207
Fax: 760-324- 0528
Web: www.RanchoMirageCA.gov

VACATION RENTAL MANAGEMENT COMPANY APPLICATION FOR VACATION RENTAL CERTIFICATES

Chapter 3.25 of the Rancho Mirage Municipal Code requires a valid registration certificate for all vacation rental units rented 27 consecutive days or less. Specific information for each unit shall be described on the property listing sheet attached hereto. The annual registration fee of \$30 (per unit) must accompany this application. PLEASE PRINT.

Name of Management Company: _____
Address: _____
Mailing Address (if different): _____
Phone #: _____ Website Address: _____
Name of Manager: _____
Direct Phone #: _____ Cell Phone #: _____
E-mail: _____

Vacation Rental Management Companies must authorize a local emergency contact person who is available 24/7/365 to answer and respond to HOTLINE complaint calls within 45 minutes.

Local Emergency Contact Person: _____ Phone #: _____
Cell Phone #: _____ E-mail: _____
Local Emergency Contact Person's Address: _____

Vacation Rental Management Companies must place copies of the City's Good Neighbor Brochure in prominent locations in all rental properties as well as provide a copy to the designated "responsible person" in each rental party. By signing this Vacation Rental Certificate Application you acknowledge that you have received copies of the Good Neighbor Brochure and understand and accept the responsibility of giving copies to the responsible person in each rental party as well as placing brochures in rental properties.

If your property is located within a Home Owners Association (HOA) it is your responsibility to adhere to any HOA restrictions regarding short term rentals.

I declare under penalty that this information is, to the best of my knowledge, true, correct and complete.

Application By: _____ Title: _____
Signature: _____ Date: _____

FOR CITY USE ONLY

Business License #: _____ Date Processed: _____